U.S. Department of Labor
Jiffice of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
The Board	
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1. File Number U - 14008

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	[] / [2voY Through: 12 / 31 / 2004]
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name BARRY P ROTURNETER	Name ASBESTOS WONKERS W# 8
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 803 ACANEMY AUE	Street 1216 E.M.MILLAN
City CINCINNATI	City CINCINNAT!
State 0-(10 ZIP Code +4 45 205	State 05/10 ZIP Code + 4 45206
5. Position In labor organization. BUSINESS	MANAGER
A. Held an interest in, engaged in transactions (including loans) with, or	sions set forth in the instructions): derived income or other economic benefit of
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any).	7-a. Nature of intelest, fransaction, or moone.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount
Street	
City	\$ 0.00
State ZIP Code + 4	,
Signa	ature
15. Signature and verification. The undersigned declares, under penalty of f submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been examined by the signatory and is, to the best of the
Signed Epry / White	On 8/10/05 5/3 47/ 2837 Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

Name of Person Filling BARRY P. ROHNMELE	R	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., If any Street City ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name ASBESTO'S WORKERS LU#8 FENS FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealin	ng. UNAL CONFERENCE	
Street 205 W 4TM ST SUCTO 225	11.b. Approximate dollar valu	e of such dealing. \$227.70	
City CINCINNAT? State O6110 ZIP Code + 4 4520Z	12.a. Nature of interest held	I or income received.	
	12.b. Amount.	\$0.00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14,a. Nature of payment.	and conference of the contract	
(including trade name, if any). Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	40-00	

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Name of Person Filing BANNY P. NOHRU	IEIEN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name STONETL + ASSOCIALTES Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 205 W 47 Street 225 City CIWITH State ONLO ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Z. F007	TO APPILOX BALL TICKETS SBALL TICKETS of such dealing.	
C. Received from any employer (other than an employer covered under parts A and B above) r from any labor relations consultant to an employer any payment of money or other thing of value.			
8.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		

C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.
Name	
P.O. Box, Bldg., Room No., If any	
Street	
City	
State ZIP Code + 4	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	W. D. 00

Name of Person Filling BARNY R. NOW RN	ETETL	File Number U-
B. Held an interest in or derived income or economic benefit with monetary a substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines: stively seeking to represent, or ndirectly to, or otherwise	S
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name TRUST EUN O AOUIS OR S		`
Trade Name, If any:	a. Labor Organiza	ion
P.O. Box, Bldg., Room No., If any	b, Trust	
Street 3/2 from 57 50175 1925	o, Employer	·
City C. A. C. T. C.		•
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ıg.
Name	LECTEVE) APPROX
Trade Name, If any:	Z FOOT!	BALL TICKETS BALL TICKETS
P.O. Box, Bldg., Room No., if any	Z BASE	BALL TICKETS
Street	11.b. Approximate dollar value	
City	12.a, Nature of interest held	
State ZIP Code + 4	and the second second second greene and reference second	
`	40	
·	12.b. Amount.	1000
C. Received from any employer (other than an employer covered unde	r parts A and B above)	
or from any labor relations consultant to an employer any payment of money	14.a. Nature of payment.	·
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	deministration of the second	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	n a grand de la California de la compa	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	10.00
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Name of Person Filling 1/14/2000 1. 16 100 11/2/2000	1616	Luc adunes o-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name TRUST FUND ADDRESS Trade Name, If any: P.O. Box, Bldg., Room No., If any Street 3/2 FUND SOLTE 1/2 City State ZIP Code + 4 4/5/202	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any			
Street City ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$ 0.00	